



ARROYO WATER COMPANY, INC.

HC 6 Box 1048-L Payson, AZ 85541 (928) 474-1766 Fax (928) 474-7812

Docket Control
Arizona Corporation Commission
1200 W. Washington St.
Phoenix, AZ 85007

RE: W-04286A-04-0774 Decision # 70206

Enclosed for docket is the monthly coliform test results, dated 5/11/2010 from Test America

Mukulan

Well meter read: 5476970

Thank You,

Athena Mikulak

Arroyo Water Company

Arizona Corporation Commission DOCKETED

SEP 3 0 2010

DOCKETED BY

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 5/11/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 11:45	Phone Number: 928-472-3109

Repeat Samples Only - Check One Use if Initial Sample was Positive Lab Specimen ID # of Initial Sample					
	Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System) 4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or less				

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
10 ARROYO WATER CO		55-
		Cl2 mg/L
		(Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3310 Total Co		=30 Fecal C		The second of th)14	Analysi Start	S	Analys Comple	TO SHOW
	Method	Result	Method	Result	Method:	Result	Date∴	Time	Date	Time
PTE0657-03	SM9223 B	ABSENT	$>\!\!<$	><	><	>>	5/12/2010	13:55	5/13/2010	13:55
	><	>>			SM9223 B	ABSENT	5/12/2010	13:55	5/13/2010	13:55
Only report below f	or Ground W	ater Rule;	4"Repeat "	other (raw	water sample). Must use	methodathat p	rovides	🗜 coli as res	ulf. " •
	1		><	><						

MCL: If system is \leq 33,000, then MCL is 2 or more total coliform-positive.

If system is > 33,000, then no more than 5% of the samples may be total coliform-positive.

Laboratory Information (To be filled out by lab personnel)

Lab Name TestAmerica Pho	enix	Lab Certified ID Number:	AZ0728		
Lab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340		
Signature: Some					
Date PWS Notified:	5/17/2010	PWS Person Notified:	JAMES R HARRELL		
Any positive routine or incre	ased routine TCR sample	triggers the GWR and requires ADEC	notification.		
Pate ADEQ Notified: ADEQ Person Notified:					

Comments:			
Commonto.			

Please mail completed form to:

Arizona Department of Environmental Quality Water Quality Data Unit 5415B-1 1110 West Washington Street Phoenix, Arizona 85007

Questions Regarding the Total Coliform Rule:

Call (602) 771-4560 within AZ (800) 234-5677 ext. 771-4560

DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/11/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:30	Phone Number: 928-472-3109

•	eat Samples Only - Check One if Initial Sample was Positive			
		Sampling Distribution Site ID:	OR	Well 55-xxxxxx
	Lab Specimen ID # of Initial Sample			
		8 JAKES CORNER WATER SUPPLY		<u> </u>
	Original Location (Distribution System)			55-
	Upstream Location (Distribution System)			
	Downstream Location (Distribution System)			Cl2 m
	Other Location (Distribution System)			(Not for MRDL reporting)
	4th Repeat "Other" Sample Taken at Well			
	(raw water) if PWS serves 1,000 people or less			

Microbiological Analysis (To be filled out by lab personnel)

Lab Spesimen IB	310		_30 Fecal C		Subsection Control Control	014 coli	Analysi Start	S	Analys Comple	S 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Method	4);	4	Result	Method	Result	Date	Time	Date	Time
PTE0657-01	SM9223 B	PRESENT	\mathbb{X}	>>	$>\!\!<$	$\searrow \searrow$	5/12/2010	13:55	5/13/2010	13:55
	$\geq \leq$	><			SM9223 B	ABSENT	5/12/2010			13:55
Only report below (or Ground W	ater Rule,	4" Repeat "0	other" (raw	water sample	e). Must use	method that p	rovides	E. coll as res	ilt.
			$>\!\!<$	><						

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Lab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340	
Signature: Serre				
Date PWS Notified:	5/13/2010	PWS Person Notified:	JAY HARRELL	
Any positive routine or increa	ased routine TCR sample	triggers the GWR and requires ADEC	Q notification.	
Date ADEQ Notified:		ADEQ Person Notified:		

	 	 	
Comments:			
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I .			

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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

•	eat Samples Only - Check One if Initial Sample was Positive PTE0657-01 Lab Specimen ID # of Initial Sample
X	Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System) 4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or less

Sampling Distribution Sité ID:	OR	Well 55-xxxxx
JAKES CORNER WATER SUPPLY RE	PEAT	 PTE0657-01 ORIGINAL
		55-
		Cl2mg/L
		(Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co	100 Table 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		13 oliform	Company of the second	014 coli	Analysi Start	S	Analys Comple	
12	Method:	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE1125-07	SM9223 B	ABSENT	\mathbb{X}	><	\searrow	\mathcal{N}	5/19/2010	14:45	5/20/2010	14:45
	><	><			SM9223 B	ABSENT	5/19/2010	·		14:45
Only report below f	or Ground (V	ater Rule,	4" Repeat "C	Other" (raw	water sample	e). Must use	method that p	rovides	E. coli as resi	ult.
			$>\!\!<$	><						

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Lab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340
Signature: Sam &	,		
Date PWS Notified:	5/25/2010	PWS Person Notified:	JAY HARRELL
Any positive routine or incre	ased routine TCR sample	triggers the GWR and requires ADEC	Q notification.
Date ADEQ Notified:	5/25/2010	ADEQ Person Notified:	

Comments:	 			

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Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

,	eat Samples Only - Check One if Initial Sample was Positive
	PTE0657-01
	Lab Specimen ID # of Initial Sample
	Original Location (Distribution System)
X	Upstream Location (Distribution System)
	Downstream Location (Distribution System)
	Other Location (Distribution System)
	4th Repeat "Other" Sample Taken at Well
	(raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
JAKES CORNER WATER SUPPLY RE	PEAT	PTE0657-01 ABOVE
		Cl2 mg/L (Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co		30 Fecal C	13 oliform	200)14 coli	Analys Start	888 3.77.154.488	Analys Compli	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE1125-05	SM9223 B	ABSENT	\sim	><	><	\times	5/19/2010	14:45		14:45
	><	><			SM9223 B	ABSENT	5/19/2010			
Only report below f	or Ground W	ater Rule,	4" Repeat "0	other" (raw	water sample	e). Must use	method that p	rovides	∄, coli as res	ÚI,
			$\gg <$	><						

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Signature: Some					
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Date ADEQ Notified:	5/25/2010	ADEQ Person Notified:			

Comments:				

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Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

•	eat Samples Only - Check One if Initial Sample was Positive PTE0657-01 Lab Specimen ID # of Initial Sample
×	Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System) 4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Weij 55-xxxxxx
JAKES CORNER WATER SUPPLY RE	PEAT	, , , , , , , , , , , , , , , , , , , ,
		55-
		Cl ₂ mg/L
		(Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

	310		CONTRACTOR OF SHAPE	13.		14	Analysi	200	Analys	
Lab Specimen ID		190	Fecal C		1		Start Date	Time	Comple Date	ete Time
PTE1125-06		Résult -		Result	Method	Result	5/19/2010			14:45
		$\overline{}$			SM9223 B	ABSENT	5/19/2010			
Only report below:	of Ground W	ater Rule,	4"Repeat "0	Other" (raw	water sample	i). Must use	method that p	rovides	E. coll as fesi	uit.

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Date ADEQ Notified:	5/25/2010	ADEQ Person Notified:	

Comments:			
!			
		<u>-</u>	

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Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

,	peat Samples Only - Check One e if Initial Sample was Positive PTE0657-01	Catalis in the little courth.
		Sampling Distribution Site ID:
	Lab Specimen ID # of Initial Sample Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System)	JAKES CORNER WATER SUPPLY
	4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or less	

Sampling Distribution Site ID:	OR	Weij 55-xxxxxx
JAKES CORNER WATER SUPPLY RE	PEAT	PTE0657-01 WELL 55-
		Cl2 mg/L

Microbiological Analysis (To be filled out by lab personnel)

3400 Lab Specimen ID Total Coliform		3013		3014 E. coli		Analysis Start		Analysis Gemplete		
### T	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
Ohly report below:	or Ground W	ater Rifle	4º Reneat "0	Other Traw	water sample	A) Mijst jise	melbod that o	rovides	L. coll∍as res	
PTE1125-08	SM9223 B	ABSENT			SM9223 B	ABSENT	5/19/2010			14:45

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Com	nents:		 	 			

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